

Adoptive Dads, Timing and the Adoptee Affected by Trauma

By Arleta James, PCC



John and his wife, Donna, adopted Megan from Russia when she was 13-months-old. From the beginning, there were difficulties. Megan didn't like to be held. Feeding her was particularly difficult. She would gulp her bottle and then cry and cry when the bottle was empty. She woke screaming each night. As she grew, the problems continued. She was in constant motion. She ran through the house knocking over everything in her path. She wasn't able to sit still and play. When she entered school, this activity level interfered with her academics and her peer relationships. Upon entering therapy with Megan at age 7, John stated:

"The first signs of problems I dismissed as high energy. She has been on the go since we brought her home from Russia. I did not understand the aggressiveness toward peers and family pets. I hoped some socialization at church, family outings and get-togethers with friends would correct that. I did not fully accept that my daughter had problems until our family entered counseling. To accept, I felt I had to admit defeat, failure. It still saddens me today. I have always thought of her as my daughter, not my adopted daughter. I love her as much as I feel I would love a birth child. I guess I have expected the same love in return from her, but she can't. I do believe she loves both my wife and I from a safe distance. "

John also went on to say,

"At first, I played down the severity of the issues, relating them to my own childhood experiences. As I began to grasp the nature of her issues, I tried to help my wife cope with the rejection issues she was having with our daughter. I became a buffer between my wife and child. I wanted peace in the household. I also look for escape by immersing myself in projects around the house."

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Jeff, Paulette and Mary Beth offer another example,

Jeff and Paulette adopted Mary Beth domestically. In her birth home, she had frequently been left alone. She had also been exposed to many violent fights between her birthmother and various paramours. She arrived at Jeff and Paulette's home when she was three years old. She was always an impulsive child, yet in the home setting she was manageable. However, once she entered kindergarten and was in a larger group, the full extent of her impulsivity became quite clear. She would blurt out answers. She constantly interrupted the other children and the teacher. If another child was playing with a toy she wanted, she would simply grab the toy. Frequently, the other child was not willing to part with the item and in such instances, Mary Beth would push or shove the child if need be to get the toy.

The teacher relayed Mary Beth's behaviors to Jeff and Paulette. Jeff's response was always the same, "Why isn't the teacher watching the kids more closely?" "What is going on in that classroom?" "Maybe we need to meet with the teacher and find out why she can't manage Mary Beth better?" "I'm sure other kids act the same way." "I think she is just bored. She's too smart for the work they are giving her."

Jeff did not want to accept the fact that Mary Beth had problems. His denial continued through Mary Beth's fourth grade year. Paulette provided him articles, websites, books, etc. She attempted to engage him in discussions. Only after Mary Beth injured another child did he realize that he must confront his denial and cooperate with Paulette in obtaining services.

John and Jeff, like many adoptive fathers, struggled to accept that their daughter's issues were truly reflective of how early trauma affected their development, behavior and ability to interact. They hoped—for years—that Megan and Mary Beth would "grow out" of their problems. Ultimately, they came to the realization that their daughter's needed help. However, valuable time was lost in healing Megan and Mary Beth from their early traumas. Certainly, these dads' denial and withdrawal caused much marital strain as well.

A factor that impacts the adjustment level of parents, especially fathers, is whether the child's diagnosis is known in advance of the adoption, is obvious at an early age or if there is the dawning of a gradual awareness that their child is living with a disability (Wikler, 1981).

Later—post-adoption— identified issues may result in fathers responding by denial or withdrawal. There may be an especially prolonged period of denial among fathers who have minimal interactions with their children (Lamb & Billings, 1997). Time spent with children and the quality of that time may be a critical component in the father's capacity to accept the adoptee that arrives affected by complex trauma.

Across cultures, men are reluctant to accept that such a situation has occurred to them and their family. Their response is, "This isn't really happening." "This happens to other families, but not to us." It may take considerable time to finally acknowledge the situation and begin taking steps to seek targeted assistance for the child and the family.

Acknowledging that your child may require therapy, medication, special education, medical care and so on is heartbreaking for any parent. Fathers report that such news is exacerbated by the insensitivity of professionals who treat them like second class parents. Some fathers also convey that it is difficult to obtain information from doctors, and other fathers only find out about their child's difficulties after their wives have been informed (Erickson, 1974).

In conclusion, most adoptive families will receive some information about prospective adoptive children in advance. However, much is learned about any adopted child post-adoption. So, in some sense, we have a “mismatch” between the need for men to have information in advance in order to cope and how trauma unfolds post-adoption.

Solutions to this situation may include that agencies consider becoming more “father-friendly:”

- Expect staff to offer balanced contact with both parents.
- Schedule home visits when both parents are home.
- Avoid basing parenting responsibilities and preferences on gender stereotypes. One adoption staff person sat down only with mom to show the preferred method to mix baby formula, and dad was righteously upset that he was not expected to learn such a skill.
- Sponsor occasional activities for dads and children: Be creative and offer a variety of activities, such as gym night, baking holiday goodies, kids’ Olympics, Lego building, Saturday afternoon at the movies, planting a garden, arts and crafts fair or a fishing clinic.
- Occasionally break adoption training into separate groups for men and for women.
- Invite adoptive fathers to present on adjustments to the adoption process.
- Recruit and hire male instructors and group facilitators to augment female staff.

Father themselves need to consider:

- Get immersed in the daily routine of your child and family and learn to enjoy the journey. Enhance your knowledge of the ages and stages of child development, especially how her/his diagnosis will impact those stages. Pay attention to the details so you can anticipate and address situations that may add significant stress to your family dynamics. Most importantly—be there, be there, be there!
- Make it a priority to maintain and strengthen your relationship with your child’s mother. Too many fathers place the primary focus on their children’s needs, to the exclusion of their couple connection. Build in time for the two of you and respect that needed time.
- Be especially open to feelings of grief and loss. Most men ignore or minimize these emotions and tend to express them through anger and control.
- Give yourself plenty of time, space and opportunities to process your reactions to the unfolding information about your child’s condition and/or challenging behavior. Initial reactions of fear, anger, retreat, denial and sadness are normal, but may be over the edge or initially difficult to handle. *Take your time and pace yourself, but don’t retreat from your parental responsibilities.*
- Develop a plan to collect lots of relevant data, informational statistics or diagnostic materials about the specific condition of your child. Rarely is there a need to make any immediate decisions about your child’s future. Speak with professionals and service providers with expertise who will help clarify your concerns in a calm and clear manner.
- Pre-adoption, read, read and read some more!!! Learn how the traumas of orphanage life, abuse, neglect, pre-natal alcohol exposure may adversely your prospective son or daughter. As such, the “timing” of discovering that your child may have problems will be something you expect immediately post-placement. In this manner, you will be more likely to seek early intervention. You and your partner will be more at accord and your marriage will be strengthened rather than strained.

